
Share of Cost (SOC): 30-1 for Pharmacy

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This section explains how to complete claims for services rendered to recipients who have a Share of Cost (SOC). Refer to the *Share of Cost (SOC)* section in the Part 1 manual for an explanation of SOC and how to determine the following:

- If a recipient must pay an SOC
- The SOC amount a recipient must pay

Instructions for performing SOC clearance transactions are given in the *Eligibility Transaction Procedures* section of the *POS User Guide*; the *Software Transaction Procedures* section of the *CERTS User Guide*; the user guide with vendor-supplied software; or the *Recipient: Eligibility Verification Transactions* section in the Part 1 manual.

SOC Field on Claim

SOC is entered in the *Patient's Share* field (Box 28). In the following example the Share of Cost amount \$50.00 is entered as 5000. Do not enter decimal points or dollar signs. Enter full dollar and cents amounts, even if the amount is even. Use only one claim form for each service billed. Refer to the *Pharmacy Claim Form (30-1) Completion* section in this manual for additional information.

This is a sample only. Please adapt to your billing situation.

1	11 PRESCRIPTION NO	12 FILL NUMBER	13 DATE OF SERVICE MM DD YYYY	14 METRIC QUANTITY WHOLE UNITS . DECIMAL	15 CODE 1 MET? <input type="checkbox"/> Y	16 EMERGENCY FILL? <input type="checkbox"/> Y	17 DAYS SUPPLY
	18 BASIS OF COST DETERMINATION	19 PROD ID QUAL	20 PRODUCT ID	21 ID QUAL	22 PRESCRIBER ID		
	23 PRIMARY ICD-CM	24 SECONDARY ICD-CM	25 CHARGE 1800:00		26 OTHER COVERAGE PAID	27 OTH COV CODE	
	28 PATIENT'S SHARE 50:00	29 TAR CONTROL NO	30 COMP CODE	31 DELETE <input type="checkbox"/> Y			
2	32 PRESCRIPTION NO	33 FILL NUMBER	34 DATE OF SERVICE MM DD YYYY	35 METRIC QUANTITY WHOLE UNITS . DECIMAL	36 CODE 1 MET? <input type="checkbox"/> Y	37 EMERGENCY FILL? <input type="checkbox"/> Y	38 DAYS SUPPLY
	39 BASIS OF COST DETERMINATION	40 PROD ID QUAL	41 PRODUCT ID	42 ID QUAL	43 PRESCRIBER ID		
	44 PRIMARY ICD-CM	45 SECONDARY ICD-CM	46 CHARGE		47 OTHER COVERAGE PAID	48 OTH COV CODE	
	49 PATIENT'S SHARE	50 TAR CONTROL NO	51 COMP CODE	52 DELETE <input type="checkbox"/> Y			
3	53 PRESCRIPTION NO	54 FILL NUMBER	55 DATE OF SERVICE MM DD YYYY	56 METRIC QUANTITY WHOLE UNITS . DECIMAL	57 CODE 1 MET? <input type="checkbox"/> Y	58 EMERGENCY FILL? <input type="checkbox"/> Y	59 DAYS SUPPLY
	60 BASIS OF COST DETERMINATION	61 PROD ID QUAL	62 PRODUCT ID	63 ID QUAL	64 PRESCRIBER ID		
	65 PRIMARY ICD-CM	66 SECONDARY ICD-CM	67 CHARGE		68 OTHER COVERAGE PAID	69 OTH COV CODE	
	70 PATIENT'S SHARE	71 TAR CONTROL NO	72 COMP CODE	73 DELETE <input type="checkbox"/> Y			

SOC is entered in *Patient's Share* field (Box 28).

Do not enter decimals for charges.

Figure 1: Share of Cost in *Patient's Share* Field (Box 28).

Billing Multiple Services Rendered on Different Dates of Service

When multiple services are provided to a recipient, on different dates during the certification period, bill Medi-Cal only for the overlap service(s).

When the Medi-Cal eligibility verification system returns an eligibility verification message indicating that the recipient has met the SOC obligation and is eligible for Medi-Cal benefits, submit a claim to the California MMIS Fiscal Intermediary.

Example

Assume three prescriptions are dispensed to a recipient on different dates. The recipient's Share of Cost is \$200.

Date	NDC/UPC/HRI Code	Amount «(in dollars)»
05/02/01	12345678901	60.00
05/06/01	10987654321	80.00
05/15/01	00987654321	100.00
«none»	«none»	«Total» 240.00

Submit a Share of Cost clearance transaction for each of the three services. The first two prescriptions provided on dates prior to the overlap are the patient's responsibility and should not be billed to Medi-Cal. Bill Medi-Cal only for the \$100 overlap service. The entire amount of \$100 should be billed. Enter the amount of the patient's Share of Cost applied to the overlap service in *Patient's Share of Cost* (Box 28) as shown in the example on a following page.

Payment Information

Share of Cost claims will be reviewed prior to payment. The Medi-Cal allowed amount for this overlap service will be reduced by the Share of Cost amount applied to this claim.

This is a sample only. Please adapt to your billing situation.

Share of Cost Portion: \$60
 Medi-Cal: \$40

 \$100

1	11 PRESCRIPTION NO	12 FILL NUMBER	13 DATE OF SERVICE	14 METRIC QUANTITY	15 CODE 1 MET?	16 EMERGENCY FILL?	17 DAYS SUPPLY
	A12345678900		05 15 2018	WHOLE UNIT: 30	DECIMAL	Y	Y
	18 BASIS OF COST DETERMINATION	19 PROD ID QUAL	20 PRODUCT ID	21 ID QUAL	22 PRESCRIBER ID		
23 PRIMARY ICD-CM	24 SECONDARY ICD-CM	25 CHARGE	26 OTHER COVERAGE PAID	27 OTH COV CODE			
28 PATIENT'S SHARE	29 TAR CONTROL NO	30 COMP CODE	31 DELETE				
			Y	100.00			
60.00							
2	32 PRESCRIPTION NO	33 FILL NUMBER	34 DATE OF SERVICE	35 METRIC QUANTITY	36 CODE 1 MET?	37 EMERGENCY FILL?	38 DAYS SUPPLY
			MM DD YYYY	WHOLE UNITS	DECIMAL	Y	Y
	39 BASIS OF COST DETERMINATION	40 PROD ID QUAL	41 PRODUCT ID	42 ID QUAL	43 PRESCRIBER ID		
44 PRIMARY ICD-CM	45 SECONDARY ICD-CM	46 CHARGE	47 OTHER COVERAGE PAID	48 OTH COV CODE			
49 PATIENT'S SHARE	50 TAR CONTROL NO	51 COMP CODE	52 DELETE				
			Y				
3	53 PRESCRIPTION NO	54 FILL NUMBER	55 DATE OF SERVICE	56 METRIC QUANTITY	57 CODE 1 MET?	58 EMERGENCY FILL?	59 DAYS SUPPLY
			MM DD YYYY	WHOLE UNITS	DECIMAL	Y	Y
	60 BASIS OF COST DETERMINATION	61 PROD ID QUAL	62 PRODUCT ID	63 ID QUAL	64 PRESCRIBER ID		
65 PRIMARY ICD-CM	66 SECONDARY ICD-CM	67 CHARGE	68 OTHER COVERAGE PAID	69 OTH COV CODE			
70 PATIENT'S SHARE	71 TAR CONTROL NO	72 COMP CODE	73 DELETE				
			Y				

SOC is entered in Patient's Share field (Box 28)

Do not enter decimals for charges

Figure 2: Multiple Services Provided on Different Dates of Service

Billing Multiple Services Rendered on the Same Date of Service

When multiple services are provided to a recipient on the same date of service during the certification period, bill Medi-Cal for each service provided on the date of the overlap service.

When the Medi-Cal eligibility verification system returns an eligibility verification message indicating that the recipient has met the SOC obligation and is eligible for Medi-Cal benefits, submit a claim to the FI. Use only one claim line for each service billed.

Example

Assume three prescriptions are dispensed to a patient on the same day. The total charges overlap the patient's \$200 Share of Cost.

Date	NDC/UPC/HRI Code	Amount «(in dollars)»
07/02/05	00987654321	60.00
07/02/05	01987654321	80.00
07/02/05	02987654321	100.00
«none»	«none»	«Total» 240.00

Submit a Share of Cost (SOC) clearance transaction for each service. Because all three services are rendered on the same day, it is necessary to bill Medi-Cal for each service. Use three claim lines to bill the three services. Enter the amount of the recipient's SOC applied to the overlap service in the *Patient's Share of Cost* fields (Boxes 28, etc.) as shown in the example on a following page.

Payment Information

Share of Cost claims are reviewed prior to payment. Because the recipient's SOC is applied by the State to pay for the \$60 and \$80 prescriptions, these services appear as "Denied" on the *Remittance Advice Details* (RAD code 022) or with a payment amount of \$0.00. The \$100 service appears in the "Approved" group as partially paid. The Medi-Cal allowed amount for this service is reduced by the SOC amount. RAD code 408 indicates payment was reduced because of patient liability.

This is a sample only. Please adapt to your billing situation.

1	11 PRESCRIPTION NO A12345678900	12 FILL NUMBER []	13 DATE OF SERVICE 07 02 2018	14 METRIC QUANTITY WHOLE UN 100	15 CODE 1 MET? <input checked="" type="checkbox"/>	16 EMERGENCY FILL? <input checked="" type="checkbox"/>	17 DAYS SUPPLY 10
	18 BASIS OF COST DETERMINATION 00	19 PROD ID QUAL 03	20 PRODUCT ID 00987654321	21 ID QUAL 01	22 PRESCRIBER ID 1234567890		
	23 PRIMARY ICD-CM []	24 SECONDARY ICD-CM []	25 CHARGE 60:00		26 OTHER COVERAGE PAID []	27 OTH COV CODE []	
	28 PATIENT'S SHARE 60:00	29 TAR CONTROL NO []	30 COMP CODE 1	31 DELETE <input checked="" type="checkbox"/>			
2	32 PRESCRIPTION NO A12345678901	33 FILL NUMBER []	34 DATE OF SERVICE 07 02 2018	35 METRIC QUANTITY WHOLE UN 60	36 CODE 1 MET? <input checked="" type="checkbox"/>	37 EMERGENCY FILL? <input checked="" type="checkbox"/>	38 DAYS SUPPLY 10
	39 BASIS OF COST DETERMINATION 00	40 PROD ID QUAL 03	41 PRODUCT ID 01987654321	42 ID QUAL 01	43 PRESCRIBER ID 1234567890		
	44 PRIMARY ICD-CM []	45 SECONDARY ICD-CM []	46 CHARGE 80:00		47 OTHER COVERAGE PAID []	48 OTH COV CODE []	
	49 PATIENT'S SHARE 80:00	50 TAR CONTROL NO []	51 COMP CODE 1	52 DELETE <input checked="" type="checkbox"/>			
3	53 PRESCRIPTION NO A12345678902	54 FILL NUMBER []	55 DATE OF SERVICE 07 02 2018	56 METRIC QUANTITY WHOLE UN 30	57 CODE 1 MET? <input checked="" type="checkbox"/>	58 EMERGENCY FILL? <input checked="" type="checkbox"/>	59 DAYS SUPPLY 10
	60 BASIS OF COST DETERMINATION 00	61 PROD ID QUAL 03	62 PRODUCT ID 02987654321	63 ID QUAL 01	64 PRESCRIBER ID 1234567890		
	65 PRIMARY ICD-CM []	66 SECONDARY ICD-CM []	67 CHARGE 100:00		68 OTHER COVERAGE PAID []	69 OTH COV CODE []	
	70 PATIENT'S SHARE 60:00	71 TAR CONTROL NO []	72 COMP CODE 1	73 DELETE <input checked="" type="checkbox"/>			
SPECIFIC DETAILS/REMARKS:							
This is to certify that the information contained above is true, accurate, and complete and that the provider has read, understands, and agrees to be bound by and comply with the statements and conditions contained on the back of this form.				74 MEDICAL RECORD NO []	75 BILL LIM EX []	76 ATTACHMENTS []	
X 81 Signature of provider or person authorized by provider to bind provider by above signature to statements and conditions contained on this form				77 DATE BILLED 07 08 2018	78 DISCHARGE DATE MM DD YYYY		79 F.I. USE ONLY []
SEE YOUR PROVIDER MANUAL FOR ASSISTANCE REGARDING THE COMPLETION OF THIS FORM. FORWARD TO APPROPRIATE F.I.				30-1 01/18			

SOC is entered in *Patient's Share* fields (Boxes 28, 49, 70).

Do not enter decimals for charges.

Figure 3: Multiple Services Provided on the Same Date of Service.

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.